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AN
INAUGURAL DISSERTATION

ON THE
Putrid Ulcerous Sore Throat.

SUBMITTED TO THE EXAMINATION OF
THE REV. JOHN EWING, S. T. P. PROVOST,
THE TRUSTEES AND MEDICAL PROFESSORS
OF THE UNIVERSITY OF *PENNSYLVANIA*,

For a DEGREE of DOCTOR of MEDICINE,

On the 8th Day of May, 1793.

BY
THOMAS JOHNSON,
OF BALTIMORE—MEMBER OF THE AMERICAN
MEDICAL SOCIETY.

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TO

WILLIAM SHIPPEN, JUN. M. D.

PROFESSOR OF ANATOMY, SURGERY AND MIDWIFERY;

BENJAMIN RUSH, M. D.

PROFESSOR OF THE INSTITUTES OF MEDICINE AND
CLINICAL CASES;

ADAM KUHN, M. D.

PROFESSOR OF THE PRACTICE OF PHYSIC;

JAMES HUTCHINSON, M. D.

PROFESSOR OF CHEMISTRY;

SAMUEL POWELL GRIFFITTS, M. D.

PROFESSOR OF THE MATERIA MEDICA AND PHARMACY;

AND

CASPAR WISTAR, M. D.

ADJUNCT-PROFESSOR OF ANATOMY, SURGERY AND
MIDWIFERY,

IN THE UNIVERSITY OF PENNSYLVANIA,

THIS DISSERTATION

IS RESPECTFULLY *INSCRIBED*,

BY THEIR MOST OBLIGED

AND HUMBLE SERVANT,

THOMAS JOHNSON.



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TO
RINALDO JOHNSON, Esq.

Of Prince George's County, Maryland,

THIS
INAUGURAL DISSERTATION

IS ALSO

RESPECTFULLY *INSCRIBED*,

BY HIS AFFECTIONATE BROTHER,

THOMAS JOHNSON.

TO
REUBEN GILDER, M. B.

PHYSICIAN IN BALTIMORE,

THIS
INAUGURAL THESIS

IS *DEDICATED*,

AS A MARK OF RESPECT DUE TO HIM FOR HIS REPEATED
FAVOURS, AND INSTRUCTIONS TO THE AUTHOR,
ON WHOSE MEMORY THEY ARE DEEPLY ENGRAVEN.
EVER GRATEFULLY RECEIVED IN PRIVATE, THEY ARE NOW
PUBLICLY ACKNOWLEDGED,

BY HIS SINCERE FRIEND

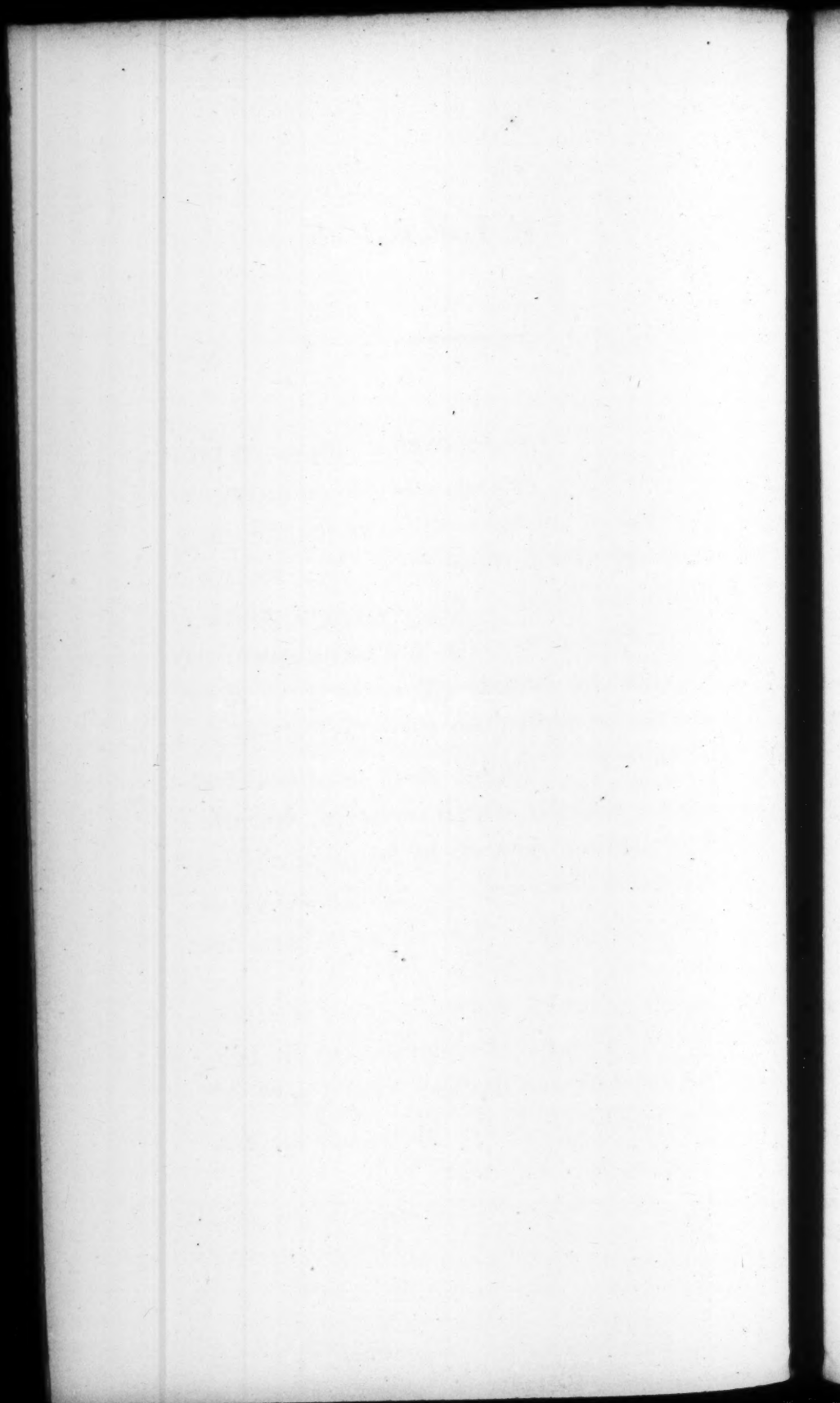
AND VERY HUMBLE SERVANT,

THOMAS JOHNSON.

PREFACE.

THE motives to appear in print are exceeding various, and should always be attended to by those who are to pass judgment on the performance. My motive is plainly inscribed on the title page, which at once bespeaks necessity and compliance. If this then be considered, nothing very exalted nor extensive can be expected; but on the contrary, a simple, plain and short treatise on a disorder which is chosen, because I am acquainted with it, by frequent observation, rather than with an expectation of doing it more justice than it has hitherto met with.

THIS, with the consideration of its being a first fruit of my studies, will, I trust, obtain a pardon of every imperfection, from those of better judgment.



Putrid Ulcerous Sore Throat.

IT is sometimes as necessary to reduce distinctions as it is at others to make them. The former is probably necessary in the present case: for, under this head I comprehend what has been described under the different appellations of *cynanche maligna*, *scarlatina anginosa*, *scarlatina febris*, and the ulcerous sore throat. The definition of the celebrated Cullen appears to be the best given, and as I shall adopt it, I annex it. *Cynanche maligna, tonsillas, et membranam faucium mucosam afficiens tumore, rubore, et crustis mucosis, coloris albescentis vel cineritii, serpentibus, et ulcera tegentibus; cum Febre Typhode exanthematis.* The Doctor has classed it with fevers, and under the order of inflammations. By this what I mean in my title may be sufficiently easily comprehended. Although many pages have been written for the purposes of making distinctions, or of blending them, which are said to constitute the *cynanche maligna*, and the *scarlatina*; yet I shall venture to add a little more to the common mass, which will be taken from faithful observations, rather than from theoretical ideas.

WE have accounts of a disorder taking place in different parts of the world, which was universally acknowledged to be the putrid fore throat; and such a disorder now prevails in Maryland, on a neck of land which is formed by the rivers Severn and Magothy.

WE have also accounts of a disorder which has as generally been acknowledged to be the scarlatina. Dr. Cullen has mentioned his seeing it two or three times; and it has often been seen in the city of Philadelphia. From these alone we should be very apt to draw the conclusion, that the contagions which produced them, were really different in their qualities; but there are many instances where one patient laboured under the former affection, and another under the latter, at the same time, and in the same house; this often happened in Charles county, Maryland, the last year. What conclusions shall be drawn from these facts? Is it probable that two contagions were there prevalent? No, it is not, though it is possible.

IT must then be acknowledged that the contagion varies in degree; being influenced by the state of the weather. This is probable, from the small pox being worse in some seasons than others; and it admits of no doubt, that place and constitution will give as great varieties in the product of a * disorder from contagion, as what appears between the cynanche maligna and the scarlatina. I take it then for granted, that the former circumstance will explain why we sometimes see nothing but a cynanche

* The small-pox,

cynanche maligna, and at others only the scarlatina; as the latter will give an easy solution of the cause of the same contagion producing at the same time, though in different persons, the two affections.

HAVING thus delivered my sentiments respecting the identity of the affections I have named above, I shall proceed to give a history of the disorder.

No season is exempt from this disorder, though it certainly is most prevalent in autumn and the beginning of winter; and where it has once begun and spread, it is apt to continue through the seasons, without respect to them. The places mostly visited by it, are low, wet situations, and to such it is endemical. The neck of land which I have mentioned above, though it is not low, yet it abounds with small marshes which are formed by the heads of a number of small creeks; and although it is but a mile or two from Annapolis, and but ten or twelve from Baltimore, yet the contagion has not extended to either of them. Such situations may not only cultivate (if I may be allowed the expression) the contagion, but certainly predispose the system to putrefaction.

No age, nor sex, nor state, is secure from this destructive disorder; but from careful observation it has been found that children and women are most liable to receive it. Debility and irritability have always been acknowledged to be the most fit states to receive the influence of a contagion; and it is probable that these are the causes of its attacking

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children

children and women most frequently ; for they generally partake of both.

THE disorder generally makes its appearance with a slight foreness of the throat, which is sensible to the touch ; this increases, and the tonsils swell. Upon inspecting the posterior fauces, they appear swollen and of a crimson colour, interspersed with cineritious spots ; these are soon found to be ulcers, which extend themselves until they unite and form one or two large, deep, foetid ulcers. The patient is affected with alternate chills and flushes from the beginning, which form a remittent fever that exacerbates with every symptom in the close of the day. The stomach is generally much affected, and a purging precedes the eruption of a number of red blotches, which appear about the third day ; these appear first about the breast and neck, then extend over the body : at which time the purging usually abates or goes off. The eruption follows the state of the fever, abating when this remits. Delirium and comatose symptoms attend the exacerbations of the fever.

THE lymphatic glands become so much affected from the absorption of the putrid matter, that sometimes they suppurate ; and when the eruption has been considerable, the arms, hands and fingers become tumified, stiff, and somewhat painful. About the sixth day the eruption changes its colour from a red to purple, and then goes off with a desquamation of the cuticle ; after which there are some appearances of anasarca ; this generally remains a while, and then goes off *sua sponte*.

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THE achmé and termination of this disorder is as various as its complexions. It sometimes ends fatally on the second day, at other times it does not come to a *crisis* till the twelfth; but generally it comes to its summit about the fifth day. It is usually perfected in children at an earlier period than in adults.

THE above I apprehend to be the product of an uncontrolled contagion, and therefore is what should be given as a type. When the contagion has been influenced by climate or constitution, it will have appearances *secundum rerum naturam*. Sometimes a fever with an eruption will be the chief symptoms, when it would be called scarlatina febris; at other times the eruption would appear first, and then an ulcerous throat of less malignancy—this obtained the name of scarlatina anginosa. But as there can always be found links in the chain, from the cynanche maligna to the scarlatina febris, the distinction of different disorders should never be allowed, though it will be absolutely necessary to attend to the variety, as it is in every other disorder.

It may not be amiss to observe, that we may always expect a worse affection from a regenerate, than from an original contagion.

As it is a matter of much importance to distinguish this disorder in its first appearances; and as we are often called upon to pronounce the danger or safety of our patient, I shall endeavour to deliver the diagnostic symptoms, and prognosis of the event.

Diagnosis.

Diagnosis.

It is distinguished from an inflammatory sore throat, by the colour, the consistence, and glossy appearance of the swelling in the throat; by the ash-coloured spots being indelible; by the lowness of the pulse, and feter of the breath; by the general debility the patient complains of, and by a knowledge of the prevalence of the contagion.

Prognosis.

If a gentle easy sweat comes on about the third or fourth day, and the pulse becomes slower, fuller, and more powerful, and the patient can enjoy calm and proper rest during the time of the fever's exacerbation; if the sloughs cast off kindly, and leave a florid well-looking ulcer; and if withal the patient's eyes regain their sprightliness, a favourable event may be expected. But if the *vice versa* of what I have here laid down takes place, an unfavourable termination will probably succeed.

Remote Cause.

THE remote cause of this disorder is indubitably a specific contagion; which is nearly all that can be said about it. For all that we know about contagion, is, that each has its proper action, that is, affects peculiar parts just as medicines do; and that many of them, if not all, regenerate in the human system. But whether they originate from the inanimate creation, or whether they are generated in
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the animate, is beyond the reach of our knowledge as much as their mode of assimilation.

Proximate Cause.

THE proximate cause consists in a putrid diathesis of the fluids and solids, particularly of the tonsils; the effect of a contagion interfering with the natural animal actions and processes.

Management.

ALL attention should be given to cleanliness: To this end the patient's garments and bed-clothes should be changed daily, the vessel taken away as soon as it has been used, and the room kept very clean and sweet with any fragrant shrubs that the season affords. The bed should be placed in the middle of the chamber, and the curtains removed; the air ought to circulate freely, and be tempered with fire (if it be winter) according to the patient's liking, and also purified by desflagrating nitre, or by the fumes of burning vinegar. His mouth should be frequently washed with vinegar and honey, between the times of gargling.

THE food should consist of light digestible vegetables, as sago, rice, barley, gruel, panado, pyes and tarts, or if the patient like the preparations of milk or eggs, he may use them: the drink should be wine and water, vitriolated water, lemonade, jelly water, porter and water, sage tea, &c.

If the patient be situated about a marshy, low place, it would be adviseable for him to remove to an airy, dry, and high situation. By attending to the above directions we may greatly assist

The Cure.

THE indications of cure are: to support the *vis vitæ*, and to counteract the putrid diathesis; consequently we are to abstain from all evacuations for the purpose of reducing the system.

As the stomach is generally under a nausea, and the bowels at a particular time much affected, we cannot depend altogether upon bark; but must fly to good old port or madeira wine, for our chief medicine. This should be given very liberally; a quart or more may be taken from morning till night. But if the stomach is able to bear the bark, it should be used with the wine, in as large quantities as the stomach will receive.

To correct the putrescency, twenty drops of elixir of vitriol may be taken, between the using of the other medicines, four or five times a day, provided it is not taken in the way of drink as recommended above.

GARGLES of diluted vitriol, or decoct. quercus, should be often applied to the throat, for the same purpose. Tincture of myrrh, or diluted vitriol and spirit of camphor, make a good, though not very pleasant gargle. —

EXCLUSIVE of any indication, it is found from experience, that mercury is an excellent medicine in the first stage of this disorder; either applied internally or externally.

AT the first attack, a bolus of two grains of calomel, made up with conserve of roses, and as much opium as will prevent its passing off by the intestines, should be given morning and evening; and repeated two or three times, and then laid aside, lest it should affect the mouth.

A GARGLE of corrosive sublimate, formed with one grain of the mercury to an ounce of water, sweetened with honey, and applied three or four times a-day, with mercurial ointment rubbed under the throat, is of the greatest utility.

By this medicine a great change for the better is brought about; but how to account for it, is beyond my power, and therefore I shall not attempt it. When the ulcers are clean, the mercurial gargle should be omitted for that of myrrh.

To remove the swelling of the legs, the vitriol and bark should be persevered in, and gentle riding in a carriage used regularly.

If the swellings about the neck should continue, and run on to suppuration, they should be treated as other affections of a simple nature.

HAVING thus delivered the treatment suited to the type I have given, I shall now add the variety
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of treatment that is requisite in the varieties I have before mentioned.

IN the scarlatina febris, some have recommended bleeding; and probably there may be cases that will bear it without much injury, perhaps with an alleviation of some of the symptoms. But upon the whole it will be found that bleeding may be safely omitted. A gentle emetic will produce good effects, and a repetition will sometimes be necessary. The bark may be omitted till the end of the disorder, when it should be given to brace up the injured system. A little wine and water may be allowed as drink, and the vitriol may be used in small quantities throughout the disorder.

IN the scarlatina anginosa, every prescription may be used that is prescribed for the cynanche maligna; only the stimulating are to be used sparingly. The emetics may sometimes have a place, especially if the stomach be much affected. The after treatment in every case should be alike.

WITH this I close my dissertation; having said as much as I could to the purpose, and shall think it enough, if it adds any thing to the knowledge of the disorder, or affords any assistance in the method of treatment.

